

THE AMA NEWS

published by The AMERICAN MEDICAL ASSOCIATION

July 27, 1959

The Newspaper of American Medicine

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ANN ARBOR MICH

Capsules of the NEWS...

Collections: A Chicago agency specializing in dunning for overdue physician and dentist fees says its collections are running 34% better than a year ago. Bill collectors for retail credit also report a brisk upturn in payments.

Space Man: U.S. space agency team at Langley Research Center, Hampton, Va., hopes to put a man in orbit in two years or less. Goal is to fire manned capsule into orbit 100 miles above earth at speeds exceeding 17,400 m.p.h., then bring man and machine home to tell about it.

Portable Oxygen: A disposable oxygen container, small enough to fit in a car's glove compartment and holding an emergency 15-minute supply of the gas, is offered by a Philadelphia firm, reports *Wall Street Journal*.

Re Prepayment: California Pharmaceutical Assn. is studying plan offering prepayment prescription insurance on a state-wide basis to holders of credit cards issued by a bank. Proposal is outgrowth of Valley Physicians' Plan, organized by Fresno County, Calif. Medical Society, as a means of enabling holders of Bank of America credit cards to charge medical care, surgery, and hospital services.

Tax Ruling: Internal Revenue Service says to get an advance ruling on tax effect of a prospective transaction you must state your views as to the tax results, identify all parties concerned, give reasons for transaction, and furnish copies of all documents involved.

Union Shop: Non-professional employees at 37 privately-owned hospitals in New York City now have a union shop in a three-year contract. Agreement followed 46-day strike.

First Aid: The American Red Cross has officially approved the mouth-to-mouth artificial respiration method as best for adults as well as children in a move to reduce drownings.

Health Clubs: Increase in health club memberships is due in part to headlines about U.S. political leaders' heart trouble, arthritis, and cancer, say gym operators. Downtown Athletic Club in New York City has shown 40% membership gain in a year. Number of gyms around Los Angeles has doubled since 1957.

Administration Joins Group Opposing Forand Legislation

Larson, Swartz Testify for AMA

The American Medical Association told Congress that the Forand Bill would result in poorer—not better—health care for the American people.

Dr. Leonard W. Larson, chairman of the AMA Board of Trustees, and Dr. Frederick C. Swartz, chairman of AMA's Committee on Aging, declared that voluntary methods are meeting the challenge of an expanding aging population and will continue to meet the challenge, given the continued opportunity.

33 States Join: The two AMA officials were joined by representatives of 33 state medical societies in urging the House Ways and Means Committee to reject the controversial Forand legislation to finance health care for the aged through higher social security taxes.

Dr. Swartz stressed that "medical care is not susceptible to production-line techniques."

"Care for any segment of our population—the aged included—calls for a cooperative attack on the problem by nurses, doctors, hospitals, social workers, insurance companies, community leaders and others," he told the Committee. "It requires flexibility of medical technique—an ingredient which would unquestionably vanish the moment government establishes a health program from a blueprint calling for mass treatment."

Need Home Care: Noting that the Forand measure would cover some 16 million persons—mostly those over 65—who would be eligible for social security payments, Dr. Swartz said the

(See Larson, Page 2)

British Doctors Threaten Strike

Five hundred delegates attending the British Medical Association's annual meeting overwhelmingly approved a resolution supporting a strike against the National Health Service if the government rejects their demands for increased pay.

The threatened walkout would include 40,000 physicians employed in NHS.

Britain currently spends more than \$2 billion annually on its health service. Since its inception in 1945, MDs have been given two small pay increases.

Average income of 21,000 family doctors employed by the government is \$6,793 yearly. The doctors are urging at least 10% increase.

Some delegates doubted if the BMA council would obtain support of 80% of all MDs which is considered necessary for a successful walkout.

Forand Bill Shelved?

The Forand Bill (H.R. 4700) apparently has been shelved until next year.

Rep. Aime J. Forand said, "In view of the heavy agenda of the House Ways and Means Committee, I don't think we will be able to get this legislation to the floor before adjournment. I am hopeful of action early next year."

The bill is still before the Committee and, as some Washington observers pointed out, could still be acted upon.

HEW Is Flatly Opposed to Bill

Arthur S. Flemming, Secretary of Health, Education and Welfare, told the House Ways and Means Committee that passage of the Forand Bill would mark the beginning of the end of voluntary insurance for the aged in the health field.

The HEW secretary, presenting the Administration's solid opposition to the legislation, said it would be "very unwise" for Congress to act favorably on the measure.

Back Voluntary Plans: "Instead of abandoning voluntary hospital insurance for the aged in favor of compulsory insurance, every possible effort should be made to determine whether or not a plan can be developed that will strengthen the voluntary approach," he testified.

The bill, Fleming said, would "bring to a virtual halt the voluntary efforts that are moving forward in such an encouraging manner." He predicted that 70% of the aged Social

(See HEW, Page 2)

Hospitals Take Vigorous Stand

The Administration joined the American Medical Association, state medical societies, the American Hospital Assn., and numerous other allied organizations in urging Congress to shelve the disputed Forand measure (H.R. 4700) to provide health care for the aged through the social security system.

At the conclusion of the week-long hearings before the House Ways and Means Committee, there was no indication whether a vote would be taken on the legislation this year. However, an official representing a major proponent of the bill, the AFL-CIO, said in testimony that prospects for Congressional action this year appeared dim due to the lateness of the session.

AMA Leaders Speak: Some 80 witnesses testified for and against the measure. Speaking for the AMA were Dr. Leonard Larson, chairman of AMA's Board of Trustees, and Dr. Frederick C. Swartz, chairman of AMA's Committee on aging. In addition, officials of 33 state medical societies presented their views in opposition.

The debate centered chiefly on whether private insurance could handle the health needs of the elderly. The AFL-CIO and other backers of the bill sponsored by Rep. Aime Forand (D.—R.I.), the second-ranking Democrat on the committee, contended private premium costs would be too high and benefits offered inadequate.

Foes of the bill insisted that the problem could be solved without further Federal steps. Secretary of Health, Education and Welfare Arthur S. Flemming declared, "I believe it can and will be done" through private plans.

Approval Unwise: Flemming led off the hearings with a vigorous statement in opposition to the bill. Among other things, he asserted it would establish a course from which there would be no turning back—that

(See Administration, Page 2)

Vitamin Ad Disavowed by AMA

An advertisement which cleverly implies endorsement by the American Medical Association of a brand of vitamin capsules has been strongly disavowed by the AMA.

A book, entitled *Book of Health*, edited by an AMA employee, was offered free by Vitasafe Corporation, New York City, along with a supply of their capsules.

The words, "The Official American Medical Association Book of Health," show up prominently in the advertisements appearing in newspapers and

magazines along with a photograph of a bottle of the capsules.

This was done without AMA knowledge or approval, an AMA official said.

The AMA's official statement regarding vitamins (*The AMA News*, January 12, 1959) states that if a healthy individual's diet contains the key food groups in sufficient amounts, nutritional supplementation is unnecessary.

There has been no change in this policy.

Administration Testifies

(Continued from Page 1)

health coverage of the aged would "become frozen in a vast and uniform governmental system, foreclosing future opportunity for private groups—non-profit and commercial—to demonstrate their capacity to deal with the problem." It would be "very unwise" to approve the bill, he said.

Dr. Swartz told the Committee that providing hospitalization and medical benefits under the social security system would "result in poorer—not better—health care for the people of this country," adding that, "Medical care is not susceptible to production-line techniques," he said.

Dr. Larson testified that voluntary methods are meeting the challenge of an expanding aging population and will continue to meet the challenge, given the continued opportunity.

At the conclusion of the AMA witnesses' testimony, Rep. Forand commented, "I hope together we can reach a solution."

Hospital Opposition: The American Hospital Association came out flatly against the Forand program or any other approach to the problem through the social security mechanism.

Frank S. Groner, a member of the AHA Board of Trustees, said his organization has concluded there are at least three dangers inherent in utilizing the social security setup:

(1) The government as a purchaser of so much hospital care would "exert the power of the purse in ways detrimental to the interests of hospital patients," (2) hospital benefits prepaid by the government would lead to over-utilization of hospitals that could not be controlled and thus to run-away costs, and (3) that acceptance of "compulsory insurance for one group would foster its extension to other groups, and perhaps ultimately to the whole population."

Labor's Viewpoint: Nelson H. Cruikshank, director of the AFL-CIO social security department, said that private insurance "has certain characteristics which inevitably will keep it from being an adequate form of protection against the health costs of the aged."

He said private plans "have the inherent disadvantage of relying upon current payments by the aged themselves to give them coverage. Even where some departure from this approach is attempted, as through policies paid up at 65, the resultant costs are so high that protection is too limited and most aged persons are left under the ever-present risk of heavy medical bills which will sap their modest resources."

Other significant developments at the hearings—

• George T. Mustin, representing the American Nursing Home Assn., testified that the coverage provided by the legislation would be "a wasteful effort and an unnecessary expenditure of social security funds since many of these persons do not need financial assistance and can well afford to pay their own medical expenses."

• Wilbur Cohen, a member of the policy committee of the American Public Welfare Assn. and chief consultant to the Senate Labor and Public Welfare Subcommittee studying problems of the aging, said the social security system "should be a most efficient and effective way for financing the needs of three groups of the population which are the most disadvantaged and have great need for medical services."

• Allen Marshall, representing the Chamber of Commerce of the United States, said that the measure would lead to pressures to extend assistance for the elderly to all fields, including housing and diet.

• A spokesman for The Physicians Forum, Inc., Dr. Allan M. Butler of Harvard Medical School, said the organization enthusiastically supports the Forand Measure, and favors national compulsory health insurance as well.

• Walter Reuther, President of the United Auto Workers (AFL-CIO) urged the committee to approve the bill, stating that there's an urgent need among the aged for such assistance.

• Spokesmen for the Health Insurance Association of America, The American Life Convention, and The Life Insurance Association of America opposed the legislation, and estimated it would cost more than \$2 billion a year at first, rising to \$7 billion by 1980. They asserted private plans can meet the problem.

• Various cost estimates were made for the Forand measure. HEW Secretary Flemming put the cost at \$1,120,000,000 for the first year. Rep. Bruce Alger (R.—Tex.) said a committee staff study estimated the "intermediate cost" at \$2.3 billion annually.

• American Dental Assn. officials contended the health needs of the aging can be met on a voluntary basis.



CANADIAN MEDICAL ASSOCIATION installed H.R.H. The Prince Philip, Duke of Edinburgh, as its president June 30. His Royal Highness is shown intently observing the actions of Dr. Louis M. Orr, Orlando, Fla., president of the American Medical Association, as he adjusts his academic hood. The event marked the 92nd annual General Meeting of the Canadian Medical Association, which took place at the Royal York Hotel, Toronto, Ontario. Dr. Orr addressed the meeting.

HEW Flatly Opposed to Measure

(Continued from Page 1)

Security beneficiaries will have some form of health insurance by 1965.

Flemming said he was not minimizing the problems involved in the financing of health care for elderly persons, and called for further study of possible solutions. But in view of the "sharp upward curve" of private insurance, he told the committee, "It would be very unfortunate just to slam the door and cut it off."

Alternate Means: Asserting that there are "possibilities for federal action" other than the Forand approach, Flemming said one idea is a plan under which workers not participating in large group plans could make voluntary contributions to the government. Insurance might then be purchased for them by the government from non-profit groups and insurance companies, he said.

Rep. Aime Forand (D.—R.I.), sponsor of the bill, asked Flemming why private insurance for the elderly could not "supplement" a federal program based on his measure rather than be eliminated altogether. The witness said the Forand bill would provide such broad coverage that there would be little likelihood of persons buying out of their own pocket what would amount to duplicate coverage.

Rep. Thomas Curtis (R.—Mo.), congratulated the Secretary on his testimony, and said he thought it ironic that the problems under discussion

came about as a result of the "fine efforts" of the medical profession in keeping persons alive longer.

No Turning Back: In summing up his testimony, Flemming said that enactment of the measure would have "far-reaching and irrevocable consequences."

"It would establish a course from which there would be no turning back. The opportunity for continued growth in coverage and adequacy of voluntary health insurance would be stifled before its full potential could be gauged," he said.

"The pattern of health coverage of the aged would have become frozen in a vast and uniform governmental system, foreclosing future opportunity for private groups—non-profit and commercial—to demonstrate their capacity to deal with the problem."

An Inch Is Longer

Every American is a little taller and a little heavier than he was on June 30. This came about when six English-speaking countries adopted new, standard definitions for the pound and the inch. If you weighed 150 pounds, the change adds 1/300 of an ounce to your weight. If you were six feet tall, you now are 1/8,000 of an inch taller.

Larson, Swartz Appear for AMA

(Continued from Page 1)

program would be staggeringly expensive—more than \$2 billion a year during the first two years, alone.

In a very large percentage of health cases of the aged, the main need is not for an expensive hospital stay or a surgical operation, but for medical care at home or in the doctor's office, he noted. "The point is that the medical needs of this particular segment of the aged are subject to countless variations. Any workable system of care must be tailored to meet these variations."

Dr. Swartz said it should be remembered that if the Federal government at some future date adopts a medical care program for the total population, "it will be assuming a medical bill of more than \$20 billion annually."

Progress Being Made: Dr. Larson, in his testimony, said that "sustained progress is being made under the present system of health care in this country."

"Slightly more than one year ago, I appeared before this Committee and pledged the American Medical Association to a dedicated, continuing effort in the field of health care for the aged. I am proud to be able to tell you that the American Medical Association is making good on that pledge," he said.

"Retirement villages, new nursing homes, chronic disease care centers, home care programs, recreational facilities and research projects have been established and many, many more are on the way."

"We believe, therefore, that any proposal that would undermine or destroy the voluntary progress we are now making should not receive favorable consideration. We believe a compulsory system can lead only to disillusionment and to inferior medical care for those millions of older citizens who deserve the opportunity of making their extra years rewarding."

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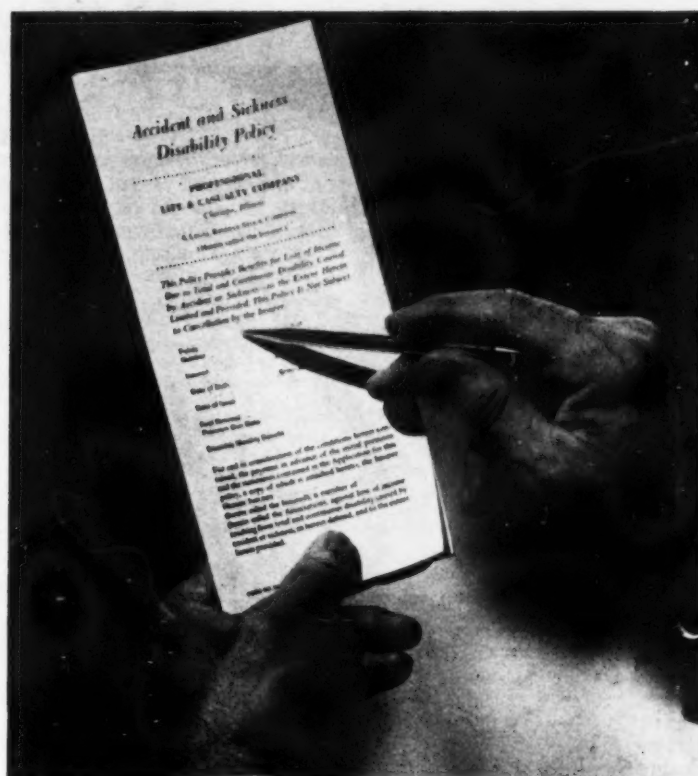
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THE AMA NEWS

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Editorial Viewpoint

Vital Role For MDs

Next year is an important election year, and never before has it been so vital for physicians—as well as other business and professional men—to take an active role in government and politics. It is one of the important responsibilities of citizenship.

Recent years have seen a sharp trend away from limited government and toward a concentration in Washington of increasingly greater power and responsibility. This trend is costly to the people, both financially and morally.

This creeping tide can only be stemmed by effective action by physicians and other professional and business men.

Some MDs have shunned politics because they feared such activity would hurt their profession or because of lethargy.

It is in an atmosphere of indifference—inactivity on the part of citizens—that permits government to assume a role larger than that either necessary or intended. The government's activity then ceases to be legitimate service, and becomes, instead, intervention into the freedom and responsibility of the individual.

Thus each threat of federal intervention becomes a challenge to each of us.

Physicians, like other professional people, have a responsibility to take an active interest in politics, to urge competent men to run for office, to become well informed voters, and to express their views to their elected representatives on pending legislation.

The American Medical Association has no partisan political position and cannot engage as an organization in the affairs of any political party. This does not apply, however, to the individual physicians comprising the Association.

While party affiliation is strictly a matter of individual choice, each physician should make a choice and back that choice with something more than merely going to the polls periodically to cast his vote.

One way the physician can and should support his party is through contributing to its financial support. Costs of political campaigning are far greater than even a few years ago, and the costs can no longer be met by a relatively few individuals.

The best guarantee to the political health of the country is the preservation of a two-party system with broad-based support of both parties by responsible citizens.

While no one but you can determine what is your "fair share," this rule of thumb has been suggested:

Those with incomes up to \$5,000 a year—\$5; incomes \$5,000 to \$10,000—\$10; incomes \$10,000 to \$20,000—\$25; and incomes over \$20,000—\$100.

These are modest amounts and certainly a reasonable investment in good citizenship.

Support of the party of your choice is as much an obligation as support of the Community Fund, Red Cross, or any of the other civic organizations to which you regularly contribute.

As a matter of fact, the Republican and Democratic parties are two of this country's most vital civic organizations. If they have not always been everything we expect of them, perhaps a large part of the blame rests with ourselves.

A growing number of business concerns not only are publicly encouraging employees to take an active role in politics, but are setting up schools to show them how to be effective at the grass roots level. Organized labor long has been deeply involved in political activity.

If the professional men of America do not become more active in government and politics and do not join in concerted resistance to further inroads on local authority and initial initiative, they will be doing less than citizenship demands of them.

• "Quote"

Maurice Chevalier said it: "When you hit 70, you eat better, you sleep sounder, you feel more alive than when you were 30. Obviously, it's healthier to have women on your mind than on your knees."

Asleep at the Dike



As Others See It

Socialized Medicine

Chattanooga, Tenn. News-Free Press

Since Harry Truman left office there has been very little open agitation for socialized medicine. Private health insurance plans have swept the country to ease the economic burden of illness while avoiding the red tape, mediocre service and regimentation typical of the British socialized medical plan, which costs many billions in taxes annually while denying individuals even the choice of their own doctor.

It is difficult to see how anyone would want to swap free enterprise medicine for a multi-billion-dollar "sick call" not unlike the practice in the military services during World War II.

There is, however, still danger of socialized medicine—by sneak rather than frontal attack.

Of course, one big opening wedge is in the program that permits veterans with injuries in no way connected with their military service to go to tax-financed hospitals for an automobile accident or other injury occurring years after military discharge.

A new danger is present in the form of the Forand Bill, which would force compulsory health insurance in connection with the forced insurance of the social security program.

The Forand Bill would provide hospitalization and surgery for those receiving old-age benefits. It would open a wedge by providing what amounts to socialized medicine for a large percentage of the population. And with life expectancy being increased and requirements for social security constantly subject to pressures for liberalization, more and more people would likely be included—and the cost would soar by billions of dollars.

Already, the expected cost of the present social security program during the next 10 years is sure to require taxes on individual income far in excess of the amounts the original proponents of the Federal income tax thought that tax would take. If the cost of socialized medicine were added to current socialized insurance—and all of this were in addition to already staggering income taxes, the individual citizen could find himself virtually turning his paycheck over to the Government.

Nothing Serious

• Many husbands have won a pile of money in a poker game, then lost it in a quiz game when they got home.

• The only trouble with some of these fine new homes is their location—on the outskirts of your income.—*Popular Science*.

• MDs are learning that a great many of their patients have "Type-Owe" blood.

• A private secretary wrote this note to her boss resigning her job: "My reason for leaving soon will be apparent—and so will I."

Attacks on MDs Not Justified

By John O'Hayre
The Denver Catholic Register

In recent months, doctors have become the primary target for the badly aimed editorial shots of crusading journalists who, apparently, are trying to prove that most physicians are concerned more with "wealth than with health."

Despite this campaign's popularity, it is sad and shameful. Pope John XXIII as much as said so a few weeks ago when he pointed to physicians as being one of the world's three brightest stars—along with priests and teachers—each of whom is intimately bound up with the health of man's spirit, mind, and body. What work could be nobler than this?

In the past I have had a passing acquaintance with many doctors, and my respect for and appreciation of them has never passed away. To some, I owe money; to all, I owe gratitude.

And I have seen and heard of many great things that only a physician who was himself great would do.

For example, I know of one doctor who performed surgery on and daily cared for a young mother who died of cancer, inch by inch, over a period of six months. For this surgery and daily care, this physician would accept only \$10 as payment for his services.

I know of still another who records only every third office call of people who are poor or have large families.

And of still another who, only this past Christmas, sent most of his patients a year-end statement that contained a special "Merry Christmas" message to the effect that the bill owed had been cut in half. In many instances, this cut amounted to upward of \$100.

I know, too, that one can stand outside any of the many clinics around town and watch doctors go and come—constantly giving free care and treatment to those who otherwise would not get it.

These are but a few examples. They can be multiplied by the hundreds throughout our city and by the thousands throughout our land.

Despite the onslaught by healthy journalists and despite the fact that there are a few doctors who perhaps prefer wealth to health, physicians are and will remain among the noblest of men—in the eyes of God and in the hearts of men.

It's a Fact

Experiments conducted in 1943 show that fastest messages transmitted by the nervous system travel at 265 mph.

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Letters

... As Readers See It

Airline Passengers

● In your June 1 issue there appears an article entitled, "Group Will Find Out Who Is Fit To Fly." In this Dr. William F. Ashe is quoted as saying that people with E. histolytica infection should not travel on regular airline flights.

Since we know from our experience with patients from Puerto Rico and other overseas locations that many individuals with this infection are flying, and since we know of no untoward results from this procedure, we are somewhat surprised at this recommendation.

HOWARD B. SHOOKHOFF, MD
City Dept. of Health

New York City

(Editor's Note: The following comment from Dr. Ashe is in answer to the above letter.)

● My reasons for feeling that people infested with Entamoeba histolytica should not fly are as follows: (1) They are a public health hazard. (2) If they happen to have active colon ulcers the increase of the volume of gas in the gut brings two possible results: (a) Spread of the infection to the blood stream and (b) rupture. (3) If they already have amoebic abscesses of the liver, pressure changes could conceivably cause serious difficulty.

The statements made by me are personal opinions and not in anyone's official rules.

WILLIAM F. ASHE, MD

Columbus, Ohio

Osteopathy

● I received *The AMA News* advocating taking the osteopaths under your wings. . . . As you know they have had social security for the past two years. How do you explain this condition? Oh, consistency thou art a jewel!

G. A. KOON, MD

Brookfield, Mo.

Coolidge Spoke, Too

● It is stated in *The AMA News* (June 15) that " . . . Mr. Eisenhower became the first U.S. President to address an AMA annual meeting."

At the annual meeting of the AMA in 1927 in Washington, D.C., President Calvin Coolidge addressed the opening assembly. I was there and heard him.

LUDO VON MEYSENBURG, MD

Melbourne, Fla.

● . . . May I ask why *The AMA News* misrepresents President Eisenhower and the present organization of the AMA as inaugurating an "unprecedented" occurrence?

Specifically, why does the news item (June 15 issue) completely ignore the fact that on the evening of May 17, 1927, in Washington, President Calvin Coolidge appeared personally on the rostrum of the General Assembly of the AMA, and delivered a specially timely address of counsel and warning to us American physicians respecting "What part the physician will play in the further advancement of the well being of the world?"

I am extremely anxious to know the answer to this question. For it seems to me it might be a clue to the control of the most threatening of all threats to American Freedoms—the Freedom to know undistorted, undisguised, unadorned facts.

HAROLD W. STEVENS, MD

Saco, Maine

(Editor's Note: A recheck of the back issues of *JAMA* plus reports and minutes of AMA meetings revealed no mention of Mr. Coolidge's address. We finally found it, however, in the files of the *Washington Post-Times Herald*. The newspaper's files showed President Coolidge addressed AMA's 78th Annual Meeting on May 17, 1927 in Washington, D.C. We appreciate having this called to our attention.)



As I See It

'Free' Government Care Proves Costly

To the Editor:

I should like to suggest that an award be established to be given to the physician who can produce the greatest amount of correspondence on any given case coming under the category of some government agency, and I want to start off by listing what I think is my prize one to date. . . .

● One of my patients came into my office stating he wanted an examination for glasses and that he was entitled to it under one of the state agencies. He wanted it right then. I explained that no governmental organization would assume responsibility unless previous authorization was given.

● I received a letter from the agency stating that the patient was entitled to care. Would I examine the patient to ascertain if he was in need of glasses, and would I submit an estimate of the cost. This was done.

● I received a letter authorizing me to provide the patient with glasses. Along with this came a set of blanks to give detailed data as to the gen-

eral condition of the patient's eyes. One original and two duplicates.

● This was followed by seven identical sheets which were to be signed by me and the patient, after he had received the glasses and worn them.

● The patient was notified that the blanks were here for his signature, but he did not respond.

● A letter arrived from the agency inquiring why the signed blanks had not been sent in.

● A letter from me to the agency and a carbon of this to the patient, stating that the patient had failed to come to my office to sign the necessary authorizations (seven) for payment.

● A letter from the agency to the patient telling him to report to me. With this he complied.

● A representative of the agency called at my office stating that I would have to bill them in triplicate. This was done.

● If for some reason there is some slight error in filling out the blanks, at least, a portion of this could be repeated.

I am not thinking so much of the extra work entailed in my office, but what of the filing clerks kept busy fil-

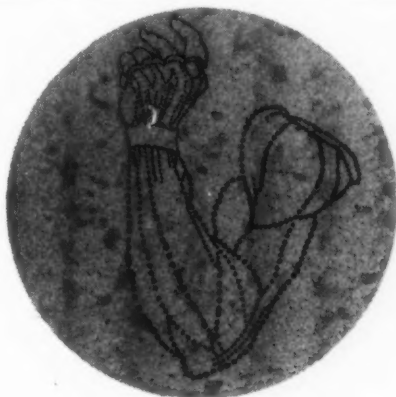
ing all of these duplicates, and the cost of the files needed to contain them, and the rental on the space necessary for the filing cabinets.

Maybe, I would have been ahead if I had given the fellow a pair of glasses outright, if you consider what I must pay in the way of taxes to keep this agency going.

. . . if the public could understand how much of their funds for care go into clerical work, no doubt they would also realize that "free government care" is costing them twice as much, or even more, when they pay for it via taxes.

If you should use this letter, please don't mention my name because the check has not yet arrived.

H.P.J., MD
Colorado



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Dr. Robins Warns US Don't Take Road to England's Fate

Congress was warned that enactment of the Forand measure would lead eventually to a system similar to that in England where "the quality of medical care obviously has deteriorated."

The warning was sounded by Dr. R. B. Robins, a member of the Board of Trustees of the AMA and speaking for the American Academy of General Practice.

First-Hand Report: Testifying before the House Ways and Means Committee, Dr. Robins said that from his first-hand observations on a recent trip to England he believed that national compulsory health insurance "would undermine and gravely damage the quality of health care in this nation."

Dr. Robins said physician's offices "are filled with long queues of people sitting and standing in line for hours to see a general practitioner. These people, when they come into the doctor's office are given a number, as though they were standing in line at a big city bakery."

"And all too often, the doctor is so hurried and under such intensive pressure, that he has only two or three minutes in which to render his services to each individual."

Coldly Impersonal: "I saw medicine put on an assembly-line basis, I saw numbers supplanting names, I saw a

process so coldly impersonal that I was reminded of a machine stamping out file cards.

"I saw doctors almost in despair because they simply did not have the time to give individual patients the individual care they needed and deserved."

"I found out that the effectiveness of the doctor in Britain has been weakened gravely—through no fault of his own."

"When the family doctor finds one of his patients who is really sick and needs to go to the hospital he has to refer the patient to a specialist . . . whom the family doctor cannot even help to choose."

U.S. Would Rebel: "The relationship between the family doctor and his patient ceases at that point. Why? Because the family doctor cannot treat his own patient in the hospital."

"In my opinion," Dr. Robins declared, "the people of this country would not take kindly to the long queue to their doctor's office, the three-year wait for admission to a hospital, the assembly-line approach to treatment, the red-tape and bureaucracy that are part and parcel of the British experiment."

"The legislation now before this committee is compulsory health insurance on a limited scale, and if it

were made law, compulsory national health insurance—for every man, woman and child in this country—could soon come down the pike."

Testimony Impressive: "Should this happen, the high standard of health care that Americans expect, want and deserve would begin to sag at the seams."

Rep. Noah Mason (R.—Ill.), a member of the committee, said Dr. Robins' first-hand account of the situation in England "was much more convincing to me than just theoretical discussions." And Rep. Bruce Alger (R.—Texas) said he was "appalled" at conditions in that country. He said the testimony emphasized to him the fact that opposition to a federal program should not be confused with being against medical care for the sick.

Senate Group Approves Plan

A voluntary health insurance program for federal workers was approved by the Senate Post Office and Civil Service Committee. Cost to the government would run about \$145 million a year, compared with the \$105 million ceiling the administration requested. Employees would pay half the cost of the premiums.

The legislation is almost identical to the bill approved by a Post Office Subcommittee headed by Sen. Richard M. Neuberger (D., Ore.). Due to the relative lateness of the session, there was some question whether there would be time for final Congressional action this year.

The Civil Service Commission would have wide authority to decide just what type of plans would be established and the terms of the programs. The committee said it "considers it unwise to tie the Civil Service Commission's hands by specifying dollar maximums or to spell out in detail, the specific benefit structures."

Under the measure, employees would be allowed to enroll for benefits under any of four types of plans—either one nationwide service benefit program or indemnity plan, national employee organization plans, or group practice prepayment plans.

Administration officials and Republican committee members contended the cost of the program would run higher than committee estimates. Already-retired employees would not be eligible.

Field Division Adds Staff Man

D. Harold Slater has joined the staff of AMA's Field Service Division as legislative representative in Washington, D.C., Dr. F. J. L. Blasingame, AMA's executive vice president, announced.

A native of Harrisburg, N.Y., Slater served as reporter, city editor, and news editor of the *Syracuse Journal* and *Syracuse Sun American* from 1920 to 1939. He also was news editor and managing editor of the Washington bureau of International News Service from 1940 to 1949.

In 1949 he became a member of the public relations staff of the Republican Congress Committee and three years later was named director of public relations for the Committee.

Physicians Get Clinic Contract

Physicians staffing the medical institute of a St. Louis, Mo., meatcutters union local have obtained a written contract designed to prevent interference in medical matters by union officials.

The \$1 million Medical Institute of Local 88, Amalgamated Meat Cutters and Butcher Workmen of North America, was rocked by controversy early this year over charges that union officials interfered in medical matters (*The AMA News*, March 9, 1959).

Council Established: The contract is between the institute's Board of Trustees and staff physicians organized as the Professional Association of the Medical Institute of Local 88.

Among contract provisions is one providing that each physician shall sign a separate agreement with the institute's management setting the amount of his remuneration and the number of hours to be worked.

Committees of the St. Louis city and county medical societies are studying the document to determine if it has basic requirements—as defined by the AMA—to safeguard physicians from undue interference by outside interests. Union officials and medical staff members expressed satisfaction with the contract.

The contract establishes a four-member council with full authority over management of the institute. Two of the members will be physicians, the other two union management personnel.

Doctors are given the right to appoint new members to the medical staff and to name the staff chief. Nurses, technicians, and office employees involved in medical service also will be hired by the medical staff.

Reserves Judgment: This provision is aimed at preventing a recurrence of the incident which allegedly brought the dismissal of Dr. Cyril Costello as chief of the medical staff in January.

Dr. Costello, who has "reserved judgment" on the contract, charged then that he was fired when he refused to hire an optometrist recommended by Nicholas M. Blassie, institute director and president of the union.

The contract also provides that before a budget is determined or before cutbacks are made in the medical care program, the council must be consulted.

Dr. James Goddard Is Civil Air Surgeon

Dr. James L. Goddard, 36, has been named Civil Air Surgeon of the Federal Aviation Agency. Since the fall of 1951, he has been on duty in U.S. Public Health Service, the past three years as director of its accident prevention program.

Dr. Goddard, a graduate of George Washington University School of Medicine, will be responsible for the physical and mental health requirements for pilots as well as for the nation's air traffic controllers.

Dr. John E. Smith, who has been acting Civil Air Surgeon since the FAA was created in January, was named chief of the agency's Research Requirements Division.

33 States Cite

Progress In Care of Aged

Thirty-three state medical societies, in testimony and statements, cited significant progress in their states on elderly health care before the House Ways and Means Committee's hearings on the Forand Bill.

Here is what some of the states had to say:

New York: There is no need for federal intervention, through this bill, in New York State. State and local governments have done an excellent job in providing for the aged. Eighty-eight percent of the population of the state is now covered by some form of hospital insurance, and "it can be expected that greater advancements will take place in the future."—Dr. Renato J. Azzari, member of the board of trustees of the Medical Society of the State of New York.

Tennessee: The Tennessee Plan, sponsored by the Tennessee State Medical Assn., provides protection to more than 1,300,000 individuals. . . . Passage of the Forand Bill would undermine the far-reaching and substantial progress now being made at the community level.—Dr. Joe Johnson, speaker of the House of Delegates of the Tennessee State Medical Association.

Florida: Voluntary health insurance is being expanded and is the answer for the majority. Health needs of the indigent are provided for by medically directed statewide programs. Florida is well on the way to providing answers to the economic problems of modern medical care through practical application of traditional principles of individual responsibility.—Dr. H. Phillip Hampton, chairman of the Committee on Legislation and Public Policy of the Florida Medical Association.

Iowa: The Iowa State Medical Society's Blue Shield Plan was the first

in the nation to place a special, low-cost "Senior 65" plan on the market. . . . It has met with excellent public response. Iowa physicians have reached a degree of unanimity seldom attained in, first, proposing and carrying out a positive plan of action for improving voluntary ways and means of financing health care for our senior citizens and, second, in opposing this proposed legislation.—Dr. Noble W. Irving, chairman of the Iowa State Medical Society's Committee on Legislation.

North Carolina: The state has pioneered in home care and homemaker service programs for rural areas, and the voluntary approach to meeting the health problems of the aged is getting results. Enrollment in Blue Cross has increased at a more rapid rate for those over 65 than for the younger age groups "which indicates clearly that people want to participate in a voluntary health insurance program and will do so if given the opportunity."—Dr. John R. Kernoodle, chairman of the North Carolina Medical Society's Committee on Chronic Illness.

Texas: The state association is fully engaged in a multi-phased program which is designed to alleviate many existing problems related to medical and surgical services for the aged.—Dr. Milford O. Rouse, former president of the Texas Medical Assn.

Other state societies presenting statements included New Mexico, Connecticut, Montana, Arizona, Indiana, South Dakota, Nevada, South Carolina, Wyoming, Utah, Oregon, Illinois, Delaware, Oklahoma, Idaho, Kansas, Alabama, Nebraska, Colorado, Maryland, New Jersey, Mississippi, New Hampshire, Virginia, Kentucky, Pennsylvania, and California.

Scanning the News

Cancer & Smoking: British scientists announced they had failed to find a link between cigarette smoking and lung cancer, according to *U.S. News & World Report*. In five years of laboratory experiments, scientists of the Chester Beatty Research Institute tried to induce lung tumors in mice, rats, and hamsters by exposing them to cigarette smoke. Results were described as "strikingly negative."

Hawaiian Candidate: Richard M. Kennedy, executive secretary, Honolulu County Medical Society, was nominated in June primary as a Republican candidate for a seat in Hawaii's first state House of Representatives.

Credit Cards: Companies issuing credit cards warn if your card is lost to notify the company's nearest office immediately. Under most credit card plans you are legally responsible for charges by anyone who finds your card.

Plastic Bags: In an effort to eliminate the hazard of plastic bags, which have caused a number of deaths, particularly among infants, one plastics manufacturer is working on a "breathable" plastic bag, full of pinholes.

Premium Reductions: Many insurance companies offer premium reductions of 10% or more on liability policies covering cars driven by unmarried teenagers if they have approved driver training course.

Heart Research: A total of \$1,205,510 has been allocated this year for heart research by the Life Insurance Medical Research Fund. Of the 83 awards, 64 went to medical research institutions in 22 states.

Attendance Record: Dr. Wilfrid Haughey, editor of the *Journal of the Michigan State Medical Society* attended his first AMA meeting in 1910 in St. Louis as a regular delegate, and has not missed an AMA annual meeting since.

Contented Cows: According to a news dispatch from Montana, cattle rustlers now are using tranquilizers to slow cattle down and make them happy about being rustled. The *Denver Post* editorializes: "This is a pretty sneaky low the range varmints have sunk to."

Drownings Deaths: The boom in water sports showed up in vital statistics over the July 4 weekend. Drownings totaled 171—50 more than the previous high. In New York, death toll in water accidents was 21, in highway accidents 14.

Exhibit Wins: AMA's exhibit, "Life Begins," was named top winner in the nonprofit display category at the first Health Fair in Santa Monica, California. Exhibit shows development of fertilized human ova from a few minutes after fertilization until birth.

Osteopaths Will Maintain Separate Medical Schools

The American Osteopathic Association declined an offer by the American Medical Association to permit physicians to teach in osteopathic colleges which are being converted into medical colleges.

Meeting in Chicago, AOA's House of Delegates approved 95-22 a resolution to maintain the osteopathic school of medicine as a "separate and complete school of medicine."

Response to AMA: The resolution was in response to an AMA House of Delegates action at Atlantic City in June. That action declared it is not unethical for doctors of medicine to teach in osteopathic colleges which are in the process of being converted into medical colleges approved by the

AMA's Council on Medical Education and Hospitals.

Dr. George W. Northup, Morristown, N.J., immediate past president of the AOA, said osteopaths object to what they believe is the AMA's stipulation that the six osteopathic colleges must come under AMA supervision.

"This is too great a price to pay for acceptance," he said.

Leave Door Open: Dr. Northup said adoption of the resolution does not mean the AOA is unwilling to meet with an AMA liaison committee to consider problems of mutual concern.

AMA's House of Delegates at Atlantic City authorized the Board of Trustees to appoint such a committee "to meet with AOA representatives if mutually agreeable. . . ."

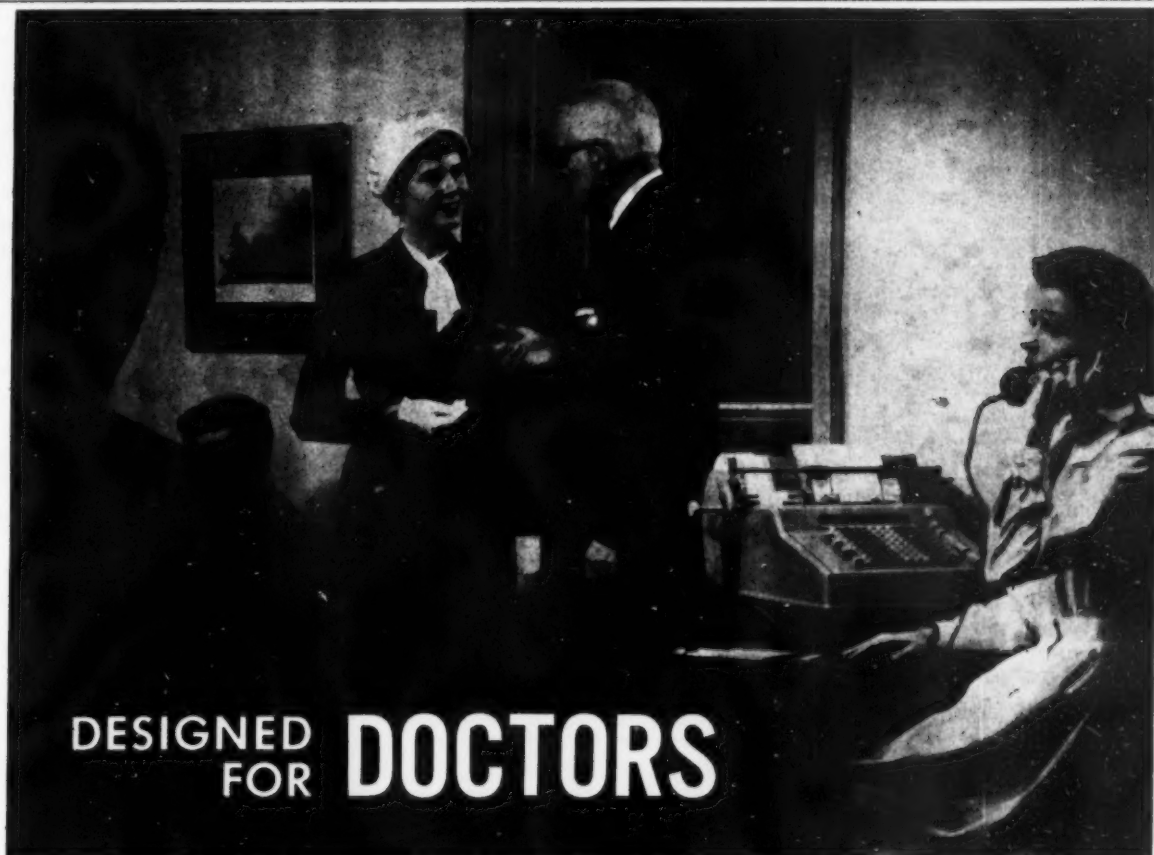
Course Offered At Oak Ridge

The Medical Division of the Oak Ridge Institute of Nuclear Studies will conduct a course in the use of radioisotopes in hematology Nov. 16-20.

Physicians who are interested in hematology and have some basic knowledge of radioisotopes may apply for admission by writing: Mr. William D. Jones, Medical Division, Oak Ridge Institute of Nuclear Studies, P.O. Box 117, Oak Ridge, Tenn.

Ivy Poisoning

About 50% of white adult males are allergic to one or more of the members of the poison ivy family—ivy, poison oak, or poison sumac. Each year more than 350,000 cases of skin poisoning are reported. In the words of the old jingle, "leaflets three, let it be."



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Medicolegal

Surgeon Shares Responsibility

The surgeon once exercised control over all activities and personnel in the operating room, but now the medical anesthesiologist is responsible for his own technique.

Dr. Carl E. Wasmuth, Cleveland, Ohio, an anesthesiologist, lawyer, and authority on this topic, states:

Concurrent Duties: "Now, for the first time, another specialist—owing the same degree of care to the patient—exercises his professional duties concurrently with the surgeon. No longer is the surgeon in absolute control of administration of anesthesia."

At the same time, Dr. Wasmuth emphasizes that the anesthesiologist has no right to proceed without regard for the anesthesiologic requirements of the surgeon. He says:

"The anesthesiologist is responsible for the exercise of reasonable care consistent with the requirements of the surgical procedure and his professional skill."

According to Dr. Wasmuth, most surgeons "welcome this sharing of responsibility."

Points Defined: Those who hesitate to recognize the surgeon-anesthesiologist-patient relationship, he says, are in a "legally untenable" position.

Dr. Wasmuth notes that in the last few years, the case law has defined clearly the following points:

- The surgeon and anesthesiologist each has his own contractual relationship to the patient.

- The surgeon is the prime contractor, but his rights are neither prior to nor superior to those of the anesthesiologist once the operation has begun.

- The surgeon is not liable for the negligent acts of the anesthesiologist, nor is the anesthesiologist responsible for the negligent acts of the surgeon.

An Exception: On the latter point, Dr. Wasmuth says there appears to be an exception because "each is answerable for all the wrongful and negligent acts of the other that he observes, or that in the exercise of reasonable care he should have observed, and that he lets go without objection."

However, he added, once the surgeon or anesthesiologist calls the other's attention to the negligent situation or act, his liability is relieved.

Dr. Wasmuth urges that since the surgeon must answer to the patient or to his family for mistakes or untoward happenings, the anesthesiologist "must give due consideration to the surgeon's requests for care of the patient. This is an ethical—rather than a legal—duty."

Blue Shield Plans' Membership Grows

Nearly one-fourth of the population in the United States and Canada was covered by Blue Shield plans on March 31, according to the AMA Council on Medical Service.

Total membership of the 71 approved plans was 43,284,396, representing a first quarter net growth of 79,140 members. Fourteen plans reported a net enrollment loss of 172,670 in the first quarter.

In seven states more than 40% of the population is enrolled in Blue Shield, 17 others have 20% enrolled.

Public Relations Institute Will Draw 400 to Chicago

"Is Medicine on the Right Track?" will be the theme of AMA's 1959 Public Relations Institute to be held Aug. 20-21 at the Ambassador West Hotel in Chicago.

More than 400 physicians and executives from state and county medical societies are expected to attend.

German to Speak: Leadoff discussion will be on whether Americans want a "free" medical ride or whether they are willing to buy their own tickets to medical care.

Dr. Rolf Schlogell, Cologne, Germany, will speak on the danger of government-controlled health insurance, and Woody Freamo, Canadian Medical Assn., will report on steps that led to government health care in Canada.

In the afternoon, Edith Schuele, Memphis, Tenn., and Martin Murphy, Colorado Springs, Colo., winners of AMA citations for their exhibits at the National Science Fair, will moderate a session on medical careers.

Payment Discussion: This will be followed by an interview of nine physicians and medical society executives by Jack Drake, public service director, Tennessee State Medical Assn.

The Friday morning session will be devoted to discussions of medical care and insurance as a payment mechanism.

There is no registration fee for the

institute and interested physicians are invited to attend. Advanced registration is being handled through the Communications Division of AMA.

Executives Set 1-Day Meeting

The Medical Society Executives Assn. will hold a one-day institute on medical society management at Chicago's Ambassador West Hotel on Aug. 19—a day before the AMA Public Relations Institute.

The keynote speaker will be Kenneth McFarland, Ph.D., Topeka, Kan. Association financing will be discussed by John L. Spafford, St. Louis, executive vice president, Associated Credit Bureaus of America.

Fred H. Sides, Lake Forest, Ill., will speak on association bulletins, journals and publications, while Glenn B. Sanberg, Washington, D.C., executive secretary, American Society of Association Executives, tells how an association can develop a program of activities.

Thomas A. Hendricks, Chicago, assistant to the AMA's executive vice-president, is president of MSEA. C. Lincoln Williston, Austin, Tex., executive secretary, Texas Medical Assn., is chairman of the institute.

AMA Produces Radio Programs

Historical milestones in medical progress are chronicled in a series of 13 five-minute recorded radio programs produced for the American Medical Association.

The series, entitled "Medical Milestones," will be distributed in September to 2,000 radio stations as a public service of the AMA and local medical societies.

Leo Brown, director of the AMA Communications Division, said the programs are part of several radio packages which the AMA will produce to fit in with music and news programming by many local radio stations.

First public airing of the 13 programs will be at AMA's Public Relations Institute at Chicago Aug. 20-21.

Program topics include the inventions of the stethoscope and microscope, the development of anesthesia, and the development of a vaccine for smallpox.

Most Doctors Work Past 65

Most physicians do not retire at age 65, but continue their practices as long as health permits.

This was indicated in a recent survey by Fisher-Stevens, Inc., one of the largest medical direct mail firms in the world.

Because most pharmaceutical companies drop physicians who are 65 and older from the bulk of their active mailing lists, Fisher-Stevens wanted to find out what percentage of physicians actually retire at 65.

They sent questionnaires to 500 physicians aged 64, and 500 to those aged 65 to find out the pattern of physician retirement.

Over 600 replies were received. More than 500 doctors urged that mail continue to be sent to them because they did not plan on retiring for many years, or because they wanted to "keep informed."

Only 59 physicians said they thought the procedure of dropping them off the lists at 65 was a good idea.

According to the survey takers, one physician in Waukegan, Ill., called the idea of taking those 65 off the mailing list "disrespect for the elderly."

"As long as physicians are not forced by law to retire at 65," he wrote, "many doctors will continue to practice beyond that age."

\$1 for Each Phone Call

Some physicians have been experimenting with charging patients a dollar for each telephone call—the idea being that this will discourage unnecessary inquiries and also provide additional income.

A few of these physicians claim they get up to \$200 a month just from phone charges. They also report that this practice has met with good acceptance on the part of patients.

A Check List: However, the physician utilizing the phone in this manner should determine:

- How many patients who need a physician's personal services are neglected because of this practice.

- How many \$5 office calls have not been realized because the patient thinks he can receive the same care and prescription simply by picking up the phone.

- If there are medicolegal dangers involved.

Case in Point: According to a member of the AMA Law Division, more than one physician has had the misfortune of having a patient suffer a burst appendix when a house call would have avoided the situation.

A few years ago, a woman phoned a physician, saying her husband was vomiting and complaining of abdominal pains.

The doctor said he thought he should drive out to see the man. But the woman suggested that since it was a "bad night out maybe it will be all right if you waited awhile."

The physician then instructed the woman to call if the husband got worse.

The next morning, she phoned that the husband was feeling "real bad." The physician told her to bring him to the hospital as soon as possible.

Malpractice Charge: Unfortunately, before they got to the hospital the



AMA News

Spencer

patient's appendix burst, peritonitis set in, and the patient died several days later.

The wife subsequently brought a malpractice action against the physician charging negligence.

She won her case. The court ruled that since the physician was put on notice, it was his responsibility to make judgment on whether a house call should be made.

Valuable Adjunct: Neither the patient nor his family is trained to observe symptoms and convey accurate information to the doctor.

The telephone is a valuable adjunct to medical practice, but it is in no way a substitute for personal observation.

A doctor's fee for home and office calls should be gauged sufficiently high to compensate for occasional services such as telephone conversations, medical reports, and filling out insurance forms.

Above all, the patient should feel free to use the telephone to keep the physician abreast of his condition.

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British Doctor Says Good Medicine Requires Freedom

A British physician recently blasted the capitation fee system of paying general practitioners in his country and predicted "the National Health Service is in for many years of steadily increasing dreariness and inefficiency."

Writing in a recent issue of *Lancet*, Dr. Erich Geiringer warned that the system of paying general practitioners according to the number of persons on their "lists" was turning them into "little-regarded signers of certificates and signposts to the nearest hospital."

Freedom Necessary: "I am convinced that good medicine is impossible without the professional freedom of doctors; that the professional freedom of doctors is an illusion without a healthy and independent body of general practitioners and that good general practice is impossible under the N.H.S. as at present constituted," Dr. Geiringer added.

According to the author, the capitation fee system in the 10 years of socialized medicine has encouraged a trend among GP's "to do less and less for more and more patients."

This trend, he said, has manifested itself in three ways: bad practice, the "utility practitioner," and the hospitalization of medicine.

Bad Practice: Bad practice, as defined by Dr. Geiringer, includes practicing in antiquated and badly maintained offices, performing only perfunctory examinations, and giving treatment which consists of the "indiscriminate renewal of a dozen standard drugs and mixtures."

He described the utility practitioner as a competent, honest, and hard-working GP who has accepted the realities of N.H.S. and tries to make the best of it.

The utility practitioner readily sends pregnant women to antenatal clinics, babies to infant welfare clinics, and minor surgery cases to the local hospital because he has ceased to do any surgery long ago.

In short, said the author, he has jettisoned his professional skill and much of the fascination of general medicine.

Greatest Danger: Dr. Geiringer believes the progressive hospitalization of medicine is the greatest danger and threatens to abolish general practice in all but name.

"The trend is conditioned," he de-

clared, "by the economic structure of the N.H.S. with its marginal capitation fee for GP's on the one hand and the unlimited liability of the hospital service to deal with referrals on the other."

According to Dr. Geiringer, there are 11½ million attendances at casualty departments in hospitals every year and most of them are for minor injuries, abscesses, cuts, etc.

The practitioner would gladly deal with such cases, said the author, but he is working under a system which makes such activities economically undesirable.

Dr. Geiringer noted that where doctors are paid for what they do, and not paid for what they do not do, the

tendency to adapt modern methods to general practice is strong because it is based on economic necessity.

Under N.H.S., he said, the introduction of a new method into a busy practice can only result in a financial loss and consequently isn't always done.

Fee-for-Service: Dr. Geiringer said the greatest single step toward encouraging general practice would be to go back to a fee-for-service system.

The next best single measure along this line, he said, would be to allow a general practitioner to admit a patient to a local hospital under the GP's own supervision if the case falls medically within his province.

Will these steps be taken? Dr. Geiringer doesn't think so.

Religion No Bar To Vaccination

A New Jersey court has ruled that local boards of education may enforce vaccination against diphtheria regardless of protests on religious grounds.

The Appellate Division of Superior Court at Trenton upheld the constitutionality of the 1939 law and 1952 amendment requiring diphtheria shots.

The mother—a Christian Scientist—of three Greek foster children—Greek Orthodox—claimed it was a violation of religious freedom under federal and state constitutions to force her children to be vaccinated. The court said the requirement "does not apply to her," and quoted from Mary Baker Eddy, founder of the Christian Science church, "Rather than quarrel over vaccination, I recommend if the law demand, that an individual submit . . ."



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TAKING A TURN AT THE DRUMS with Meyer Davis' society orchestra brought back memories recently for Dr. Louis Novak. The Hollywood, Fla., physician played his way through medical school via drumming jobs for Davis, Vaughn Monroe, Eddie Duchin, and other band leaders. The occasion for his return to the bandstand was the Debutante Cotillion Ball at Hollywood, Fla., which raises funds for the Broward County Heart Assn. Dr. Novak is president of the association.

Questions & Answers

Billing Patients With Two Policies

Q—How do you manage to bill a patient who carries several non-indemnity insurance policies that pay the doctor for his services by checks made out to the patient and doctor? If you have already quoted a fee you are obliged to stand by it; however, it doesn't seem fair that a patient should subsidize his doctor by retaining these checks which were clearly intended by the insurance companies to become the property of the doctor for services rendered.

Would it be fairer to tell the patient that once the fee is met, payments in addition by other insurance companies would be equally divided between patient and doctor?

J.M.H., MD
Oregon

Q—My problem concerns the right or wrong of giving a receipt to patients who have Blue Cross and Blue Shield insurance plus some other private insurance.

1. When a Blue Shield patient gets an anesthetic from me the bill is sent to the Blue Shield . . . which pays me direct and I accept the fee. The patient then gets a notice that I received so and so for the anesthetic. The patient contacts me and wants a receipt from me for the same amount so that he might send it to another carrier to recover that amount for himself. Is he entitled to that receipt?

2. The Blue Cross in my area allows \$10 toward a private anesthesiologist's fee with the difference to be paid by the patient. My bill to the patient states that clearly. Now, the patient pays me the difference but wants a receipt for the full amount—not showing the \$10 paid by the Blue Cross. Is this patient entitled to such a receipt?

I have been told that it makes no difference how many policies a patient carries and that as long as I get my fair fee from any source, that patient is entitled to a receipt for the full amount and is entitled to recover as much as he can. Is this true?

I ask these questions in all sincerity and I am NOT looking for any part of the allowances of the other insurance carriers. I am satisfied with my fees.

M.J.W., MD
Maryland

A—Voluntary health insurance, according to the AMA, embraces the philosophy that such mechanisms are aids to the recipients of health care in the financing of such care. Furthermore, the existence of insurance should not result in an increase in the cost of medical care, since this would defeat its very purpose.

The proper disposition of proceeds and the rendering of receipts under duplicate insurance coverage depends upon several factors.

If the policies do not have proration clauses and are of a stipulated benefit (rather than reimbursement) nature, then each insurer is obligated to pay the sum promised. On the other hand, if the contracts (policies) have proration clauses and benefits are promised as reimbursement for expenses actually incurred and paid by the insured, then it is questionable whether insured should obtain receipts which aggregate more than he has expended.

The AMA policy statement on the philosophy of health insurance would seemingly preclude the physician from "sharing" in any benefit which



exceeds professional charges for services rendered.

Actually there are many instances

where expenses are incurred incident to an illness or disability which do not involve physicians' fees or hospital charges. An example would be where the mother of young children is incapacitated and due to the illness or disability it is necessary to employ someone temporarily to assume household and child care duties. When benefits over and above physician and hospital charges offset these other costs, these excess benefits do not result in a "profit" to the insured.

The question of actual over-insurance is receiving study by various elements in the health insurance industry. To the extent that health insurance benefits alleviate the major portion of contingent health care costs, such coverage is desirable. Conversely, if such benefits either inflate the cost of health care or provide the insured a monetary reward for being sick, it does not fulfill its proper mission. Insurance regulatory authorities may, either through legislative measures or administrative rulings, limit the extent of duplicative coverages or over-insurance.

Contract Awarded

The Sloan-Kettering Institute for Cancer Research at New York City was awarded a \$1,437,172 contract by Public Health Service for studies to find new drugs for treatment of cancer. The one-year agreement is the largest ever signed by PHS Cancer Chemotherapy National Service Center at Bethesda, Md.

Right Assistant Can Be an Asset

Selection of a physician's assistant needn't be a haphazard process often ending with unfortunate results. With proper planning, an assistant can be found who will be an asset to the practice.

Steps to follow in screening applicants:

- Know what jobs the assistant will do. Don't waste time interviewing a bookkeeper if the job calls for typing work only.

- Decide if you prefer a girl with previous medical office experience, or if you are willing to train an inexperienced worker.

- Use the best employment sources in the locality. An employment agency is usually best for obtaining a general office assistant.

- Have applicants complete application forms before interviewing them personally. The completed forms become the basis for questions to be asked during the interview.

- Rate applicants on the basis of personality, appearance, poise, voice, health, self-confidence, alertness, intelligence, education, and ambition.

- After the interviews, select the two or three highest rating applicants and phone their former employers for information as to work habits, punctuality, and reasons for leaving the former job.

- Don't start a new assistant at the top salary. Tell her what she can expect in the way of salary increases at stated future intervals and have some established wage increase policy which is fair and equitable to both the employee and the physician.

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Branch Office One Solution

(EDITOR'S NOTE: This is another in a series of articles on practice management. Articles in the series are submitted by individual members of the Society of Professional Business Consultants and represent their individual approaches to the subjects.)

In recent years branch offices for physicians have become more popular—and for some they have become a necessity.

Patients who move to a suburb often find it more convenient to visit physicians practicing in the suburb, rather than drive to their former physician's office in the downtown metropolitan area.

Careful Study: The result has been that many downtown doctors have opened branch offices or have moved completely to the suburbs.

Opening of a branch office should be preceded by a careful study of one's practice. Is the move really necessary? Is the practice falling off? Can patients be better served? Can the move be made with comparative ease?

If the physician's practice is falling off, it should be determined if this is due to the patients' flight to the suburbs or to other causes.

One downtown internist with a declining practice decided against a move, remodeled his office, increased his services to patients and has watched his practice increase each year since.

Downtown Studies: If a branch office is indicated, it should be determined which suburban area contains the majority of a physician's patients. Ideally, a branch office would be located in an area of greatest patient concentration, near the physician's home, and near a suburban hospital.

The downtown physician needn't panic over what seems to be increasing competition from his suburban colleagues. City planners in many metropolitan areas have programs designed to entice suburban dwellers back to the city.

Additionally, many large cities are moving ahead rapidly with construction and improvement of highway and transportation systems providing quick, easy access to downtown stores and offices.

Patients in Suburbs: New physicians wanting to practice in a metropolitan area will probably find a greater chance for success in a suburb—unless he purchases a downtown practice or becomes an associate of a downtown practitioner.

In the suburb, he will meet men in his own age group who are more likely to become referring sources. With many young families living there, the climate is set for patient referrals and practice continuity.

However, in the suburb or in the city, it is the physician who determines the success of his practice. High quality care given in pleasant surroundings is the key to that success.

Pompelli Is Secretary Of Denver Society

John W. Pompelli has resigned as assistant executive secretary of the Colorado State Medical Society to become executive secretary of the Denver Medical Society and managing editor of the *Denver Medical Bulletin*.

Mrs. Lorene T. Davoren, who has served as executive secretary of the Denver society for the past decade, retired June 30.



FIRST HONOR AWARD of the American Institute of Architects in its 1959 competition went to the Diaz-Simon Pediatric Clinic, New Orleans. Owned by Drs. Joseph A. Diaz and Henry G. Simon, it was designed to house four pediatricians on a 35x125 foot lot. The clinic cost \$44,000 plus \$15,000 for the site, with an \$18 per square foot cost of the enclosed area.

8-Year Study Indicates Cancer Not Family Trait

Cancer of the breast does not run in families. It does not occur more frequently among the relatives of a person who has cancer than among relatives of a person who does not.

These are among the major conclusions reached in an eight-year study of some 12,000 persons by scientists at the University of Pennsylvania School of Medicine.

Study Published: The study, which gives strong evidence toward refuting the tendency to associate cancer with heredity, was published recently by Harvard University Press. It is entitled, *Cancer in Families*.

Based on the occurrence of cancer of the breast and in all other sites, said Dr. Douglas P. Murphy, director of the study, data collected "reveal no evidence for any unusual frequency of cancer either of the breast or elsewhere, among relatives of breast cancer victims."

Two groups were chosen for the study: a group of 200 living women with breast cancer, and 200 living women without breast cancer.

Interesting Quirk: In all, some 12,000 relatives of the 400 women were interviewed concerning the in-

cidence of cancer of any type in themselves and in any of their relatives.

An interesting statistical quirk turned up when it was found that cancer frequency was slightly higher in the control groups—women without cancer and their relatives—than in the cancer groups among the female cousins on the father's side.

The study was made under the auspices of the Gynecologic Research, Department of Obstetrics and Gynecology, University of Pennsylvania.

The Department of Biostatistics, Johns Hopkins University School of Hygiene and Public Health, collaborated throughout the investigation.

AHA Meeting To Draw 12,000

More than 12,000 hospital people are expected to attend the 61st annual meeting of the American Hospital Assn., Aug. 24-27, in New York City Coliseum.

General assembly speakers will include Dr. M. G. Candau, director-general of the World Health Organization; Elmo Roper, public opinion analyst; Francis Boyer, chairman of the board of Smith Kline and French Laboratories; and Dr. Alexander D. Langmuir, chief, Epidemiology Branch, Communicable Disease Center, Public Health Service.

Other sessions will include such topics as Providing and Financing Health Care for the Aged, Future of Prepayment Plans for Hospital Care, Progressive Patient Care, and Governing Board's Responsibility for Medical Care in the Hospital.

Hospital Strike Off

A threatened strike by housekeeping employees at all 12 nonprofit hospitals in the Buffalo, N.Y. area, set for July 13, was postponed indefinitely. The hospitals offered a \$1 hourly minimum wage, 40-hour week and other benefits by Sept. 1, but have rejected union demands for collective bargaining.

A Doctor's Time Is for Medicine

Time is one of the more valuable assets of a physician and should be devoted in the main to performing medical services.

Many physicians, however, lose many hours of income-producing time by devoting too much time to the business side of their practice.

Questions Involved: Physicians should ask themselves:

• Can I afford to have my book-keeping done in my office?

• Can I afford the time it takes to train a girl and follow up on her statement procedures?

• Can I afford the time needed to check accounts receivable and decide whether to send a collection letter?

These are important functions, but they can be purchased for a fraction of the amount it costs the physician in time to do them himself.

Professional services which can be used to keep tax records, do the book-keeping and collection work, and other chores are better equipped to perform those tasks than is the average physician's office.

MD Responsible: Additionally, persons doing the work can concentrate on the job and not be interrupted by telephone calls, appointment interviews and other distractions. The manager of the service is an expert in the field and can offer advice on specialized problems.

Employment of a professional service does not mean the end of the physician's responsibility for the overall operation of the office.

That must be watched closely, with the MD particularly aware of his own worth to the practice.

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Stating It Briefly



FOR 34 YEARS Dr. Carl W. Irwin of Bangor, Me., has found fighting fires a challenging experience. He first became interested because of the excitement and glamor. Now he has developed a keen interest in fire suppression and prevention. The neurosurgeon has police-fire radio receivers in his cars, office and home. He keeps a fire fighting uniform, extinguisher, first aid kit and resuscitator in one of his cars.

Sign Language: The *Adel, Iowa, News* reported that Dr. Charles S. Fail was readying the following sign for display in his office: "I don't read the *Reader's Digest*, *Ladies' Home Journal*, etc., etc. I just graduated from an accredited medical school, took my internship in a creditable hospital, have attended all medical meetings since then, and keep abreast of the new things in medicine by constant practice. I don't know what the magazines say about your case, but I'll be glad to examine you."—*Journal of Iowa State Medical Society*.

Safety Survey: Vanderburgh County, Ind., Medical Society called in two radiation physicists to inspect x-ray equipment of its members to insure protection for patients, operating personnel, and physicians.

News Award: Medical Society of the State of New York and Annual Health Conference, Inc.—for the New York State Health Department—will join in annual "Empire State Award for Excellence in Medical Reporting." First award to reporter and his paper will be in 1960.

Prompt Reply: California Medical Assn. was quick to respond to a statement, attributed to Gen. Floyd L. Wergeland, that some physicians were guilty of double billing under Medicare. Said Dr. John Rumsey for CMA: No such instances reported in California. Commanding officer of San Diego Naval Hospital agreed.

Disaster Plans: Disaster training at St. Elizabeth Hospital, Youngstown, Ohio, paid off twice within one week. First use of the plan was when 66 people were hospitalized and many more given emergency treatment as victims of food poisoning. A second use followed gasoline tank explosions in a garage. . . . Medical Society of Milwaukee County, Wis., and municipal fire and police departments in the county are developing plans to handle disasters.

Traveling Men: Dr. Paul Lingenfelter, Clinton, Okla., travelled more than 2,000 miles through 23 counties of Oklahoma's Sixth Congressional District contacting physicians for backing of a national legislative program. . . . Dr. Max Schiebel, Durham, N.C., flies from task to task in his roles of president of North Carolina Cancer Institute, vice president of North Carolina Division, American Cancer Society, and others. He's logged 1500 hours since 1946.

Medicine and Music

Physicians Relax With Orchestras

Once a week groups of physicians in Brooklyn and in Los Angeles sit down to practice as doctors' symphony orchestras.

They are but two of many such orchestras or musical groups in the U.S. where doctors who learned to play musical instruments in high school or college continue to exercise their musical interests and talents.

At Indianapolis, Ind., and Tucson, Ariz., jazz combos can be found.

Professional Conductors: There are other orchestras at Miami, Fla., New York City, Nashville, Tenn., and Oakland, Calif. The Brooklyn, New York City, Miami, Los Angeles and Oakland orchestras have professional musicians for conductors.

The Los Angeles orchestra has 80 members, including about 20 veterinarians and dentists. Eight members are women who are either doctors' wives or nurses.

Its conductor is Elykaum Shapira, a protege of Leonard Bernstein and the late Serge Koussevitsky. Several of the orchestra's members have been professional musicians, including its principal trombonist, Dr. Abraham Ettelson, who worked his way through University of Illinois Medical School as a Dixieland band member.

Benefit Performances: Most performances by the various orchestras are given as benefits for hospitals or scholarship funds or to recruit nurses.

The Miami orchestra's appearances so far have been only at the Miami Cerebral Palsy clinic for its handicapped patients, their families and friends. This 40-piece orchestra was formed a year ago by the physicians and their professional conductor, Robert Strassburg, primarily to bring music to the handicapped.

The Alameda-Contra Costa County Medical Assn. symphony orchestra at Oakland was organized in 1956. Membership averages about 50, with 40 of them MDs.

Healthy Feeling: Piero Bellugi and Marvin Silverman, both assistant professors of music at the University of California, have been leaders of the orchestra.

A typical concert program for the group: Gluck's Overture to *Iphigenia in Aulis*, Bach's *Sinfonia in B Flat Major*, Dvorak's third *Slavonic Dance*, Britten's *Matinee Musicales*, and Vaughn Williams' *English Folk Song Suite*.

"Playing in an orchestra is a convenient, rewarding method of relaxing and keeping up with your music," explained Dr. Benjamin A. Rosenberg



ANNUAL CONCERT by Los Angeles Doctors' Symphony Orchestra featured Anna Maria Alberghetti as guest soloist. Miss Alberghetti is shown with (left to right) Dr. Ben Gross, concertmaster; Dr. Arthur M. Grossman, orchestra president, and Dr. John Brody, treasurer.

of Brooklyn. He is a trombonist in both the Doctors' Orchestral Society of New York, which plays in Manhattan, and in the Brooklyn Doctors' Symphony.

The Manhattan orchestra has about three dozen members, the Brooklyn orchestra two dozen. Both rehearse once each week during the school year. They play only classical and semi-classical music.

Album Planned: Popular music—but not rock-and-roll or country—is played by a dozen doctors at Nashville. This group was formed several years ago by Dr. M. Dee Ingram Jr., who had been asked to get together a Dixieland band for a party.

The Nashville doctors plan to record an album of their music. Pro-

ceeds from its sale would go into a medical education fund.

Dr. W. Foster Montgomery, surgeon and trombonist, is the unofficial leader of Indianapolis' jazz-playing doctors, who began playing in 1953. His trombone was heard from the pit of an Indianapolis burlesque theater before he acquired his MD.

Tucson boasts both a jazz group and a full orchestra. The first group meets once a week for a jam session. The orchestra recently provided dance music at a charity ball.

High point each year at Tucson is the two-hour variety show sponsored by the Tucson Medical Center Auxiliary. The doctors not only provide the music but are the entire cast for the show.

Rehearsal Calls for Doctors

Physicians who are interested in joining one of the doctors' orchestras should contact:

- **Alameda-Contra Costa Medical Assn., Calif.**—Dr. Leopold Dickstein, 1904 Franklin St., Oakland.
- **Brooklyn or New York City**—Dr. Benjamin A. Rosenberg, 909 President St., Brooklyn.
- **Indianapolis**—Dr. W. Foster Montgomery, 23 E. Ohio St., Indianapolis 4.
- **Los Angeles**—Dr. L. M. Morrison, 6317 Wilshire Blvd., Los Angeles 48.
- **Miami**—Dr. Charles Rosenfeld, 1500 SW 22nd St., Miami.
- **Nashville**—Dr. M. Lee Ingram Jr., 2119 Hayes St., Nashville 5.
- **Tucson**—Dr. Sherwood P. Burr Jr., 45 N. Tucson Blvd., Tucson.

Top Medical Care for Hard-Hit Town

The little rural town of Old Mines, Mo., 50 miles southwest of St. Louis, has seen better days.

Its people—mostly miners or farmers eking out a miserable living from poor soil—haven't enough income to feed and clothe their families properly. There isn't enough money to pay for medical care.

Despite this, the health of the townspeople is being zealously guarded by a group of physicians attached to four St. Louis hospitals.

Aid Welcomed: Six years ago Dr. L. D. Cassidy, an internist, brought the town's plight to the attention of the Catholic Physicians' Guild, a group of approximately 400 physicians in the St. Louis area.

The Guild sent a delegation headed

by Dr. Cassidy to outline a plan to the few overworked physicians in the Old Mines area. These physicians greeted the plan enthusiastically.

Physician teams were recruited from the four hospitals—St. Mary's, De Paul, St. Anthony's, and St. John's—and schedules were established to have one team visit the town on the first and third Wednesdays of each month for three-month periods.

Medicines Free: Quarters for a clinic were provided in a convent and administrative help was supplied by another religious group.

Medicines have been supplied free by the physicians from samples or personal purchases. Care is given all residents regardless of religious affiliation.

At first, the physicians concentrated on treating children and visits were made only during the school year. Dr. Robert Hickey, Guild president, said success of the program has made it a year-around project now.

In Fine Tradition: One eye specialist checked 450 children this spring, took 13 to St. Louis for further checking and personally purchased eyeglasses for those needing them.

Dr. Robert Bassett, St. Louis Medical Society president, sums up the project this way:

"The work being done by these physicians is in the finest tradition of the medical profession."

Dr. Cassidy adds: "There are many 'Old Mines' in this country. All we doctors have to do is look for them."

Scientific Briefs

Blood: A fast, simple method of testing the compatibility of donor and patient blood has proven highly accurate in experimental studies, reports Dr. Bernard Pirofsky, University of Oregon Medical School. The test uses enzymes from the pineapple plant stem which are prepared into concentrated powder form called bromelin. In the test, exact amounts of the recipient's blood serum and the donor's red blood cells are placed in a test tube containing a bromelin solution. The tube is allowed to stand for 15 minutes and then spun for one minute in a centrifuge. Reactions, which appear as a clumping of red blood cells, may be "read" without use of a microscope.

Sunburn: A new cortisone-like drug has been developed that may bring relief from pain to many persons who have suffered sunburn, according to Drs. Milton M. Cahn and Edwin J. Levy, University of Pennsylvania School of Medicine. They administered the oral drug—triamcinalone—every six hours to 14 severely sunburned persons. Nine obtained complete relief in 24 hours. Four others with more severe cases required 42 hours of therapy.

Inflammation: Researchers at Georgetown University Medical Center are studying the effect of certain biological materials upon the chemistry of inflammation and tissue repair. They report two materials—procollagen and sodium dilantin—permit chemically induced wounds to heal within three fourths of the time required by untreated wounds.

Cardiac: Dr. Eliot Corday, University of California at Los Angeles School of Medicine, reports the hormone nor-adrenalin has been successful in checking cardiac arrhythmia. Death rate in cases of heart attack complicated by this type of disorganized heart beat was estimated by Dr. Corday at between 60 and 90%. He described a series of 26 cases in which all but one of the heart attack victims survived their episodes of cardiac arrhythmia.

Gout: A new and effective drug to relieve gout was reported at the recent Second Pan-American Congress on Rheumatic Diseases in Washington, D.C. Dr. D. B. Montgomery, Toronto, Canada, said the drug, sulfinpyrazone, is "undoubtedly the most potent uric-acid agent presently available." Dr. Montgomery said that in 50 patients, the drug increased uric acid excretion by 130% during the first or second day.

Scientific Photo Meeting at Montreal

Newly-developed uses of medical and scientific photography will be discussed at the annual meeting of the Biological Photographic Assn. at Montreal, Canada, Aug. 31-Sept. 3.

Speakers will describe research and administrative developments in the use of photography and motion pictures at their particular medical schools, hospitals, research institutions, and science centers.

Winners of annual awards will be named in the photographic categories of clinical photography, gross specimens, photomicrographs, photomacrophs, and natural science.

The BPA's 29th annual meeting is the first to be held outside the United States.



UNIVERSITY OF UTAH's proposed Medical Center will be set against the Wasatch Mountains at Salt Lake City. It will contain facilities for research and teaching in basic science and clinical medicine, a university hospital, rehabilitation center, emergency and outpatient departments. A campaign is underway for funds to supplement state and federal money. Dr. Kenneth B. Castleton, Salt Lake City, heads the medical division.

Dr. Bramlitt To Succeed Hull in Scientific Post

Col. Charles H. Bramlitt (MC) has been named secretary of the American Medical Association Council on Scientific Assembly to succeed Thomas G. Hull, Ph.D., who will retire Dec. 31.

Colonel Bramlitt, 50, currently is deputy director of professional services, Office of the Surgeon General, U.S. Air Force, Washington, D.C. He will join the AMA staff Aug. 1 following his retirement from the Air Force and will work with Dr. Hull until the latter's retirement.

Past Secretary: Dr. Bramlitt received his bachelor of science and doctor of medicine degrees from Emory University, Atlanta, Ga., and interned at Emory University Hospital. He was commissioned in the Regular Army Medical Corps in 1935 and has been in service since.

He has served as secretary of the Section on Military Medicine of the Scientific Assembly.

Dr. Hull, who will be 70 when he retires, was named the first full-time director of AMA's Scientific Exhibit in 1930 and has served for half of the exhibit's 60-year history. At the annual meeting in Detroit in 1930 there were 130 scientific exhibits. There were 385 at this year's meeting.

Exhibits Developed: During Dr. Hull's tenure, symposiums and panel discussions were added to section programs. Dr. Hull helped develop AMA's motion picture program.

Dr. Hull has directed health education exhibit programs at fairs and expositions. Since 1948 he has been executive director of medical exhibits

Leukemia Death Rate Increases

Deaths from leukemia are increasing at a faster rate than are deaths from any other type of cancer except lung cancer, American Cancer Society reported.

Once regarded as a children's disease, leukemia actually strikes many more adults now. The rate now is highest among older men and women.

The reasons for this increase are not known. There is a possibility that leukemia might be caused by some factor in the environment, ACS said. Among the suspects are radiation (natural background), medical x-rays, atomic radiation and fallout. Also suspected are viruses, chemicals, and heredity.

In 1930, the disease killed 2.5 men for each 100,000 of the population. This death rate—including infants and old men—increased to 7.4 in 1956. For women, the death rate increased from 1.8 to 5.1.



Thomas Hull

Dr. Bramlitt

at the Museum of Science and Industry in Chicago.

AMA in 1946 gave Dr. Hull a gold medal for his contributions to the Scientific Exhibit.

Acute Abdomen Film Popular

A film symposium on the acute abdomen was the most popular presentation of the motion picture program at the American Medical Association's Annual Meeting. The program was seen by 6,665 physicians and guests.

The acute abdomen symposium included a series of films prepared by Dr. Hilger Perry Jenkins, Chicago.

More than 800 physicians attended the premiere showing of *Hospital Sepsis—A Communicable Disease*.

After the acute abdomen symposium, the five next most popular films at Atlantic City were: *Routine Pelvic Examination and Cytologic Method*, by Dr. S. B. Gusberg, New York; *Complete Office Gynecological Examination*, by Dr. Frederick Hofmeister, Milwaukee; *Total Hysterectomy*, by Dr. Somers Sturgis, Boston; *Just 4 Minutes*, by Dr. Lenore Zohman, Valhalla, N.Y.; *Transabdominal Hysterectomy*, by Dr. Willard Parsons, Jackson, Miss.

AMA Backs Safety Features in Autos

The American Medical Association told Congress auto manufacturers should put more emphasis on safety aspects of auto engineering. "A very considerable reduction in the severity of injuries and a marked reduction in fatalities could be accomplished . . . if more attention were devoted to providing safety rather than to increased horsepower, streamlining, color and chrome," said Dr. F. J. L. Blasingame, AMA executive vice president.

He made the statement in a letter to Rep. Kenneth Roberts (D., Ala.), chairman of a House commerce subcommittee that held hearings on an auto safety bill.

Discovery Poses Legal Questions

Some medicolegal questions have arisen from the recent identification of a mycobacterial organism that masquerades as the tuberculosis germ.

Dr. Ernest H. Runyon, Salt Lake City microbiologist, reported that the yet-unnamed lung disease can cause death. Its mode of transmission is undetermined and it does not respond to current drugs although it is probably as old as TB, he said.

Dr. Runyon said these problems have come up:

- A teacher is suing the State of California after being fired on the basis that she had the disease and would infect others if not isolated.

- Public health authorities are wondering if patients with the newly discovered disease should be isolated.

- Physicians are asking if veterans with the disease should receive benefits if, like TB patients, they can connect their disability to U.S. service.

Dr. Runyon said the micro-organism is neither histoplasmosis nor coccidioidomycosis, which are like TB but are caused by fungi.

He added that too many MDs are assuming the disease to be the same as TB or a harmless variant. The organism falls into four classes—Runyon Class 1, 2, 3 and 4—which are photochromogens, skotochromogens, non-chromogens, and "rapid growers."

Damage Suit Filed In Iridium Accident

Two men exposed to Iridium 192 in a Houston, Texas, laboratory accident two years ago have filed suits to collect \$200,000 damages each.

Harold E. Northway, 53, and Jackson McVey, 38, contend that due to the radiation exposure they have both developed cataracts and other physical complaints.

They are suing the Phillips Petroleum Co., which operated under license the reactor at the M. W. Kellogg Co. radioisotope laboratory in Houston where the iridium was packaged and where the accident occurred March 13, 1957.

Society Building

Construction of a single-story national headquarters building at Park Ridge, Ill., for the American Society of Anesthesiologists will be started in August. The building, with 6,000 square feet of floor space, is scheduled for completion next spring.

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REPEAT PERFORMANCE of "Prescription: Hypnosis" will be shown by Armstrong Circle Theater on Aug. 5. In this scene, Actress Ellen Madison portrays a woman who undergoes hypnosis to determine why she fears childbirth. Frank Overton is cast as the psychiatrist. "Prescription: Hypnosis," first presented in May, was one of two productions selected by the sponsors for reshooting. Dr. Harold Rosen, chairman of the AMA Committee on Hypnosis, served as adviser to the production, and appears at the end of the show to give the AMA viewpoint on the correct use of hypnosis.

Desert Doctors Go Underwater

Desert doctors from Tucson, Ariz., grab every opportunity to spend time underwater in the Gulf of Mexico.

The physicians have become avid skin divers and spear fishermen. They are four hours away, "if you drive fast," from Puerto Penasco on the Mexican coast.

Once there, the MDs dive underwater into a world inhabited by the moray eel, the parrot fish and the rooster fish, the pinto, the toro, the leopard ray and the manta ray, the defiant and delicious yellowtail, and the sea bass that weigh as much as 300 pounds.

With the Seals: The only pressure with significance is the air pressure in the hose; the only tension that matters is the amount of fight left in the fish on the other end of the spear. And best of all, there is no telephone.

"We swim with the seals," Dr. Martin Withers said wistfully in his Tucson office.

Dr. J. Wright Cortner, is credited with organizing the group of skin diving physicians in Tucson. He learned to dive for pearls while serving with the Navy in Japan in 1950 and 1951.

Drs. Withers, Arie C. Van Ravenswaay, Ross Magee, Gordon J. Hippert, Wesley Fee, W. M. Wharton, and Carl Ebersole are others who leave the land of the cactus for the Gulf of Mexico.

Ideal Excursion: Some of the group usually can be found on the Gulf any weekend. Others arrange for longer periods on the water. The ideal excursion, they agree, involves chartering a boat for a week or longer and heading for the least explored areas of the coastline.

Sometimes their skin diving excursions take them as far south as Acapulco, or over to Lower California and La Paz, or to Loretto Island.

These doctors consider their sport-hobby the ultimate in "getting away from it all."

Birth Rate Rises

Births in the first four months of 1959 were estimated at 1,371,000, 2.6% above the same period in 1958, U.S. Public Health Service reports. April's estimated 337,000 babies broke the record for that month. Death rate for April was 9.9 per 1,000, compared with 9.8 for April, 1958.

Shark Warning

Two swimmers were killed by sharks off California this year, and a biologist warns the possibility of more shark attacks is "pretty good."

George A. Llano, National Academy of Sciences, reasons: More people are in the water, and more sharks are in U.S. coastal areas because of higher water temperatures and garbage and sewage dumped into the sea.

He urged additional first aid training for lifeguards in treating shark bites. Victims usually die, he said, because the hemorrhaging isn't controlled right away.

Panam Games Draw Doctors

Medicine in sports will be discussed at a Sports Medicine Congress at Northwestern University's Chicago campus Sept. 1-2.

Speakers will include Dr. Paul Dudley White, Boston heart specialist, and Dr. Allen J. Ryan, Meriden, Conn., chairman of the AMA Committee on Sports Injury.

Nine roundtable discussions, ranging from "The Effect of Altitude on Training" to "The Effects of Physical Training on the Cardiovascular System" are scheduled.

The Congress is being held in conjunction with the Pan American Games in Chicago Aug. 27-Sept. 7. Dr. T. R. Van Dellen, Chicago, is general chairman for the Congress.

Medical Society Honors Newspaper

The New Orleans States-Item received the Louisiana State Medical Society's first annual press award in the daily newspaper category. The paper won its award for lending editorial support to encouraging the passage of laws which would allow stray, unclaimed animals to be used for medical research.

At ceremonies at the society's annual meeting, the *Plaquemines Gazette* won the press award in the weekly newspaper category for its "unrelenting editorial opposition to socialism in general and socialized medicine in particular."

Anatomy of Golf Shots Are Fractions

(EDITOR'S NOTE: This is the last of a series of four articles on golf written for *The AMA News* by H. A. Murray, MD, an English physician, golfer, and golf researcher, who has applied his knowledge of anatomy in an unusual study of the golf swing. Dr. Murray is author of *The Golf Secret*, published by Emerson Books, Inc.)

I have so far been describing full shots with any club from any terrain. With all shots—long or short—the swing is the same, and wrist-cocking occurs automatically towards the end of the backswing.

Think of all part shots as fractions of a drive. If you wish to play a three-quarter, half, or quarter shot, do not try to do so by limiting hand or club movement. Think only of the left shoulder. For a quarter shot let the shoulder go down a quarter of the way; for a half shot, half way; and a three-quarter shot, three quarters of the way. All other movements, including weight-transference and wrist-cocking, will be restricted proportionally and automatically.

Right-Handed: With the longer part-shots the forward swing will be no different from that of a full shot, because you will still be hitting forcibly upwards after impact.

Many players prefer to play very short shots, such as chips and putts, "all right-handed." They may feel that the left shoulder is too remote from the clubhead for such shots. The shorter the shot the less harm this will do, because the hands will be already in the hitting area, where the right arm should come in if consciously used (as with full shots), immediately the left shoulder has determined the groove.

Nevertheless, many shots are fluffed by concentrating on the right side of the body, because this tends to delay or prevent weight transference to the left. Therefore, if played right-handed, at least remember to hit upwards, then you will tend to push the left shoulder upwards into the groove.

Body Movement: However, with all these short shots—including putts—much better results will be obtained by concentrating on the left shoulder



to begin the forward swing, as well as the backswing. Then all the body will be moving as it should be—however slightly—in the same direction.

Many professionals erroneously say "no body movement with chip shots." The body movement should be felt by the player, even if it is imperceptible to onlookers.

Incidentally, it is this almost imperceptible movement of the left shoulder and, inevitably, of the rest of the body, that is the cause of some professionals believing that there is no body movement in putting. I—and Bobby Jones!—say they are wrong.

Doctors Join Attack On Athletes' Injuries

A program to reduce the number of accidents suffered by high school athletes is being designed by the West Virginia State Medical Assn. and the West Virginia High Schools Activities Commission.

School officials called on WVSMA for help after it became known that insurance rates on athletes will double with the beginning of the 1959-60 school term.

THE MYTH OF THE 'AVERAGE' GOLFER

In every group of golfers there are tall, some short, some of medium height. Factory made, production-line clubs are made to "average" from statistics compiled to determine the number of each type of golfer. Clubs so made actually fit nobody, as you can see.

Kenneth Smith makes golf clubs in a completely different way. They're hand made to each golfer's individual order, to fit his physical characteristics, his personal swing. They fit one golfer and one only. And because they fit, a man can play relaxed, swing more easily, control his shots better—and consistently lower scores. For over thirty-five years Kenneth Smith has been making golf clubs in this same way. Hundreds of thousands of satisfied golfers sing his praises.

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Diagnosing Investments

Shares of Ownership Are Inflation Hedge

By Merryly S. Rukeyser

Questions and answers on financial matters:

Q—I am afraid of the way things are going on government bonds. Should I sell my government bonds and put the proceeds into insured savings and loan shares? My bank advised me to defer a decision until the next date when interest is due.

A—Your proposed switch would be foolhardy. You would reduce your yield, and you would not increase your safety of principal, which is tops in government bonds. The fluctuations in the market price of government issues and of other high grade bonds represent an adjustment to the rise in interest rates, not an index of deterioration in the quality of the promise to pay.

In times of inflation, even creeping inflation, the dollars that bonds bring in interest and principal may be funds of declining purchasing power. But the shares of savings and loan associations, meritorious as they are, similarly return a fixed number of dollars. You may have confused the term "shares" with stock in a business corporation. Such latter stock, or shares, constitute an equity or ownership stake, not a claim on a fixed number of dollars.

Equities, or shares of ownership, are a hedge against inflation. Don't change from safe government bonds into other vehicles which are also hitched to a fixed number of dollars. Balance your investment diet with bonds or savings, on which the current yield is good, and equity investments.

Q—I would appreciate information describing the so-called variable annuity plan and the insurance companies that dispense this form of annuity. Also do mutual funds offer life insurance to installment plan buyers?

A—The pilot plan effort in variable annuities, based on common stock investment, has been conducted by the Teachers Annuity and Insurance Co. of New York, which caters to the faculty of colleges and private schools. Under an amendment to the New Jersey law, the Prudential Life Insurance Co. is preparing a program for later offering the variable annuity plan to the general public.

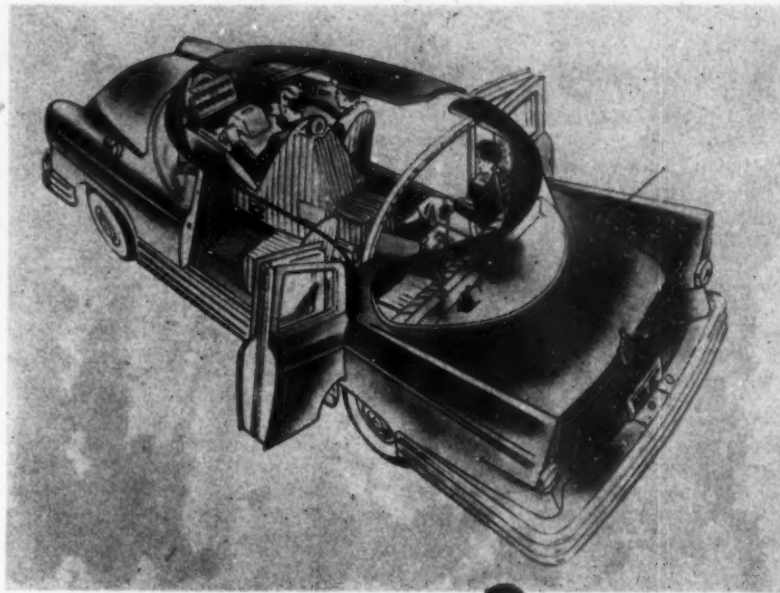
Meanwhile, several smaller companies have been operating in this area. These include the Equity Annuity Life Insurance Co. and the Variable Annuity Life Insurance Co. of America, both located at Washington, D.C., and the Participating Annuity Life Insurance Co. at Rogers, Ark.

From any brokerage firm or investment dealer handling mutual funds, you can get a list of those available on the periodical payment plan, with group life coverage to complete the plan in the event that the saver prematurely dies.

Q—My husband will retire in four or five years. Could we invest \$400 or \$500 a year and hope to make a profit that I could reinvest until such time as it is needed?

A—Even growth stocks don't follow a one-way street in respect to prices. You must be prepared for fluctuations, and it is a bit unrealistic to assume that you can always hit it on the nose when you make investments. I suggest that you retain at least part of your holdings of E bonds as reserves against contingencies. Since your husband is in excellent health, perhaps he will be able to taper off on his business activities in five years rather than quit cold.

(Mr. Rukeyser will be pleased to receive inquiries from physicians concerning their financial problems. Letters, with self-addressed, stamped envelopes, should be sent in care of The AMA News, 535 N. Dearborn, Chicago 10, Ill.)



THIS EXPERIMENTAL CAR, developed by a Boston insurance company and the Cornell Aeronautical Laboratory, was presented to the Smithsonian Institution. Features of the car, designed to protect passengers from crash injuries, include replacement of the steering column and wheel with a lever system; a centrally located driver's seat; a constant radius windshield; nylon webbing harnesses to protect rear seat occupants against "whiplash" neck injuries; and accordion pleat double doors.

Many MDs Eagerly Await Big Three's Small Cars

New compact or economy cars to be introduced by the auto industry's Big Three this fall should be much in demand by U.S. physicians.

This is indicated by a survey of physicians' auto preferences conducted by the American Medical Association's advertising research department. One thousand physicians were questioned and survey finding were based on 549 replies.

Few Sports Cars: Of the respondents, 58.5% said they would consider buying an American-made compact car and another 39.7% said they might purchase a foreign-made small car.

Ford and Chevrolet will introduce their compact cars (named the Falcon and the Corvair) in September or October. Chrysler will bring out its Valiant in December.

Physician interest in sports cars was considerably less. Only 18.5% said they would consider an American sports car and only 18.4% expressed interest in foreign sports models.

A demand for an American-made small car topped the list of changes which physicians would most like to see made in present day autos. Of 687 comments by 497 doctors, 173 or 25.2% said they wanted smaller cars.

No More Chrome: Typical of the comments on the size of autos was this one from a Chicago physician:

"I am completely through with the Detroit chromites. Their cars are too long, too low, too wide, have too much horsepower, are too expensive, too impossible to repair. . . ."

Physicians are also concerned with the cost of operating the automobiles which they drive from 5000 to 20,000 miles a year. More economy and better gas mileage were considered top needs by 16.5% of the respondents.

Other changes believed desirable included less horsepower (9.8%); more head room (7.9%); less chrome (7.9%); more safety features as standard equipment (7.4%); lower prices (5.2%); and more comfortable cars (2.9%).

Electric controls for highway travel were suggested by an Orange, N.J., doctor, and a Long Beach, Calif., physician wants speed limits set by the federal government.

The survey showed 74.6% (404) of respondents own two or more cars, whereas 10% of all auto owners in the country own two or more cars.

New Cars for Some: Most physicians in the survey have two cars (65.4%) while 24.8% have but one. Three do not own a car, 38 or 7% own three, and 12 or 2.2% own four.

Purchases of new cars within the next year are planned by 12.9% of the physicians. Respondents were asked what model car they will buy next and of 382 replies, 67 said a Ford, 66 said Chevrolet, and 58 said Oldsmobile.

Cadillacs are planned by 29, a Chrysler or DeSoto by 25, a Buick by 23, a "small car" by 23, a Plymouth by 20, a Pontiac by 16, a Lincoln by 9, and a Mercury by 4. Thirty-seven indicated they would buy a foreign-made model.

Most physicians in the survey (18.6%) drove approximately 10,000 miles last year. Nearly 5% drove 5000 miles, 7.6% drove 8000; 15.4% drove 12,000; 11.7% drove 15,000; and 4.7% drove 20,000.

Business Briefs

Excise Taxes To Be Cut Next Year

Internal Revenue Service reports excise tax rates on transportation of persons will be reduced next year to 5% of amount paid, effective July 1, 1960. Current rate is 10%. Excise tax on amounts paid for general telephone service will be terminated next July 1.

Stock Warning: Securities and Exchange Commission warns: Be skeptical of stocks offered on the telephone by a stranger.

Inflation Note: 1959 duck stamps, now on sale at post offices, are \$3, up \$1 from last year.

Credit Cards: New York Central Railroad now honors American Express Co. credit card for passenger travel and dining car service. *Changing Times* magazine reports the latest gimmick in the "card" field is cash cards. Members pay flat \$5 annual

fee. In return they get 10% discount on all goods and services purchased for cash from listed retailers, hotels, restaurants, and so on.

Tax Tip: Some of your vacation expenses may be deductible on income tax. Examples: local sales taxes paid while visiting other states, gasoline taxes, unreimbursed losses from thefts or accidents, and interest charges on go-now, pay-later travel plans.

What's New? A suntan cream with a built-in insect repellent. . . . Tents made of paper that are waterproof and fire-resistant. . . . Zip-on anti-drip covers in various colors for sweating water pipes. . . . Octopus garden hose that waters six shrubs at once. . . . Raincoats that repel water, shrug off dirt, reject oil staining, and do not need reproofing after dry-cleaning.

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